M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

05457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 16 1st St Crisfield

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) V. (Last) Beauchamp
4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4/3/1876
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Nelson Polyette
14. MOTHER'S MAIDEN NAME Catherine Leffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Charles Dana

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocardial Nephritis — 10 years

(c) Bronchial Asthma Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Aug 30 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Cornbrown MD ADDRESS DATE SIGNED 6/2/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/3/50
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) Hopewell (State) Md.

DATE REC'D BY LOCAL REG. June 2, 1950
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward Covington ADDRESS 306 Main St Crisfield Md.

RECEIVED
JUN 8 1950
BUREAU V. S.

05458

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Plummer (Last) Bloodsworth
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH April 17, 1862
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Mt Vernon Md.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Rye Bloodsworth
14. MOTHER'S MAIDEN NAME Mariah Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Wade Bloodsworth Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Myocardial failure	6 wks
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterial Sclerosis	10 yrs
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1946, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Wheeler
ADDRESS Princess Anne, Md.
DATE SIGNED 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 28 1950
NAME OF CEMETERY OR CREMATORY Asbury M.E. Cemetery
LOCATION (City, town, or county) (State) Mt Vernon, Md.

DATE REC'D BY LOCAL REG. 5/27/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR Dale Dashiell
ADDRESS Pr. Anne, Md.

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05459

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Enroute/ambulance to — LENGTH OF STAY (In this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 102 Front St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	FARREL	BOWEN	May 29, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb 24, 1898	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt Liquor Control Bd		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Bowen	Ella Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	None	Edward F. Bowen Jr., Wyoming, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis, Suppurative.	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured Appendix.	1 wk.
	(c)	

550.1
121

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 29, 1950 to May 29, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis L. Flemelyn, M.D.	Pocomoke City, Md	5/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/30/50	Presbyterian Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30 1950	Mrs Clayton Davis	Henry H. Watson, Pocomoke, Md.	

15698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05460

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, R.F.D. LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md. R.F.D.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) — (Last) Corbin

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH about 1883

9. AGE last birthday 67 about Yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Owner Farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Corbin

14. MOTHER'S MAIDEN NAME Martha Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Frederick Corbin

18. MEDICAL CERTIFICATION Princess Anne, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Heart Disease (acute) —

95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic heart disease —

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) MD ADDRESS Princess Anne Md DATE SIGNED 5/13/50

23. BURIAL, CREMATION REMOVAL (Specify) ✓ DATE THEREOF 5/16-58 NAME OF CEMETERY OR CREMATORY St Mark LOCATION (City, town, or county) Oakville (State) Md

DATE REC'D BY LOCAL REG. 5/15/50 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md

000W

RECEIVED
MAY 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05461

Reg. Dist. No. 262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke R.F.D. — LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davis Corner (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke R.F.D.
STREET ADDRESS (If rural, give location) Davis Corner (Rural)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JAMES	DAVIS	May	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec. 3 1861	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Merchant	General Store	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Davis	Elizabeth Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Clayton Davis (Son) Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
191x Immediate cause (a) Carcinoma of face	
53 Antecedent cause(s) Diseases or conditinna, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford M.D	Princess Ann Md	5/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 28, 1950	Pitt Creek Pres. Cem.	Pocomoke City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27-1950	Mrs Clayton Davis	Henry Watson	Pocomoke City, Md.

15679

VS. A15A

RECEIVED
MAY 30 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05462

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset R.F.A
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pocomoke

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Burmond (Middle) (Last) Deshields

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 2 1924
9. AGE last birthday 25/6/4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Concrete
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Algie Deshields
14. MOTHER'S MAIDEN NAME Allie Raunds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 218-16-7909
17. INFORMANT Mrs Allie Deshields Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Internal & head injuries

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Route 13 (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) May (Day) 6 (Year) 1950 (Hour) 12 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto, head on collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md DATE SIGNED 5/7/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 9/50
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 5/8/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Clay E. Morris ADDRESS Snow Hill, Md

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1980
BUREAU OF U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05463

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ewell
STREET ADDRESS (If rural, give location) Smiths Island

3. NAME OF DECEASED (Type or Print) (First) WOODS (Middle) H. (Last) EVANS

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 18, 1893

9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) police boat Captain

10b. KIND OF BUSINESS OR INDUSTRY Maryland Sidewater Fisheries

11. BIRTHPLACE (State or foreign country) Ewell (Smiths Island) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Major Evans

14. MOTHER'S MAIDEN NAME Maggie Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs Woods Evans - Ewell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia, Acute Dis of Heart — INTERVAL BETWEEN ONSET AND DEATH 10 days

422.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int Nephritis Chronic Myocarditis — Years

(c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 420 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Coulbourn M.D. ADDRESS Marion Sta Md DATE SIGNED May 6-50

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE May 8, 1950 NAME OF CEMETERY OR CREMATORY Ewell Cemetery LOCATION (City, town, or county) (State) Ewell, Md.

DATE REC'D BY LOCAL REG. May 6, 1950 REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors - ADDRESS Crisfield

47098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05464

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter — LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Ford

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1950

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: July 3, 1917 — 9. AGE last birthday: 32 yrs. — If under 1 year: Months 10, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper — 11. BIRTHPLACE (State or foreign country): Dames Quarter Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Ellis Emory — 14. MOTHER'S MAIDEN NAME: Mamie Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS: Mrs Mamie Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592x **Immediate cause** (a) Acute Cardiac Failure — 2 Hours

131b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis, hydronephrosis, nephrolithiasis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: Nelle Tail M.D. — (Degree or title) M.D. — ADDRESS: Princess Anne Maryland — DATE SIGNED: May 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 14, 1950 — NAME OF CEMETERY OR CREMATORY: Ford Burial Plat — LOCATION (City, town, or county) (State): Dames Quarter Md.

DATE REC'D BY LOCAL REG. 5/13/50 — REGISTRAR'S SIGNATURE: K.S. Johnson, M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Dale Haskell Princess Anne Md

RECEIVED
MAY 17 1950
BUREAU OF

05465

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
LENGTH OF STAY (in this place) Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Bank St.

3. NAME OF DECEASED (Type or Print) (First) ESTHER (Middle) (NMI) (Last) GIBBS
4. DATE OF DEATH (Month) May 13, (Day) 1950 (Year) 19

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Benny Clayton
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Otis Gibbs, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decapitation & Crushed skull — INTERVAL BETWEEN ONSET AND DEATH

819.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — —

170 C

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 13 — (CITY OR TOWN) 2 Miles N. Pocomoke City (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 13, 1950 6.50 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident — two vehicles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) MD ADDRESS Princess Anne Md DATE SIGNED 5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 18, 1950
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) (State) Belhaven, N. C.

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jd.
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 17 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05466

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Asbury Ave.

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) W. (Last) LANDON

4. DATE OF DEATH: (Month) 5/13/50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/12/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor-train

10b. KIND OF BUSINESS OR INDUSTRY: Penna. R.R.Co.

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Landon

14. MOTHER'S MAIDEN NAME: Martha Jane Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Clarence Landon-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis.	2 yrs.
446x 131a	(c) Hypertension	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	5 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 19 50, to May 13, 19 50, that I last saw the deceased alive on May 13, 19 50, and that death occurred at 12 - noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D	Crisfield, Md	May 15 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5/16/50	Sunnyridge Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/16/50	Betty W. Tyler	Bradshaw Funeral Parlors, Crisfield

10247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 19 1950
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05467

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN: Princess Anne
MARYLAND
LENGTH OF STAY (in this place): 86 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Somerset Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Amanda (Last) Lankford

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 3, 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas Hargis

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Miss Amanda Lankford Pr. Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Metastisis	1 yr.
171X 48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Cervix	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Uterine Bleeding

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1949, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 3 30 m., from the causes and on the date stated above.

SIGNATURE / (Degree or title) / ADDRESS / DATE SIGNED

Thos. B. Whaley M.D. Princess Anne Md. May 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-12-1950

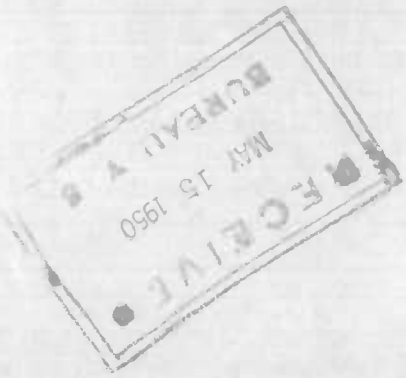
NAME OF CEMETERY OR CREMATORY: Manokin Cemetery

LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 5/12/50

REGISTRAR'S SIGNATURE: K. H. Johnson, M.D.

24. FUNERAL DIRECTOR / ADDRESS: Lewis R. Wilson Princess Anne Md


RECEIVED
MAY 15 1950
BUREAU V S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05468

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
LENGTH OF STAY (in this place): 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) E. (Last) MacAllen

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 7, 1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward G. Bounds

14. MOTHER'S MAIDEN NAME: Emily Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: MrHarold MacAllen Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pneumonia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) My Elogenous Leukemia	2 yrs.
	(c)	

204.1

74a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

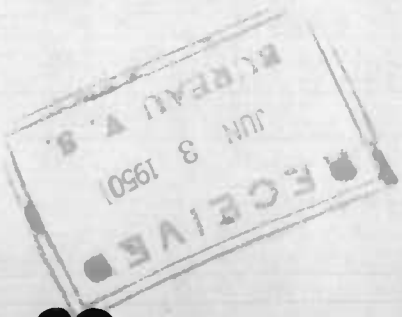
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1947, to May 30, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos. B. Whaley M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: 5/31/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: June 1, 1950 — NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md

DATE REC'D BY LOCAL REG.: 6/1/50 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Pd. — 24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Md.


RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05469

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) ROLAND (Last) McGEE

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 6, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin J. McGee

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Albert McGee, Rural, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 94a

Immediate cause (a) Undetermined but probably Coronary Occlusion — Interval Between Onset and Death: Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, Generalized, Severe. — Many Years

(c) Bronchitis, Chronic Severe — Many Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Moderate — Scoliosis of Spine, Mitral Regurgitation — Hernia, Inguinal Rt — " "

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Dec, 1949, to 28 May, 1950, that I last saw the deceased alive on 26 May, 1950, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Warren E. Santorius Jr, M.D. Pocomoke City, Md. 29 May 50.

23. BURIAL, CREMATION (Specify): Burial — DATE THEREOF: 5/31/50 — NAME OF CEMETERY OR CREMATORY: Salem Meth Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: May 30-1950 — REGISTRAR'S SIGNATURE: Mrs Clayton Harris

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU V. S.

Evidence for additions in #18 & #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05470

FILM No. G 126 MAY 31 1950

Reg. Dist. No. 260

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Church Street

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) — (Last) NEAD

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 21, 1950

9. AGE last birthday: 0 yrs. — If under 1 year: Months 4, Days 1 — If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harold Nead

14. MOTHER'S MAIDEN NAME: Theodora Sachel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT: Father - Harold Nead

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) While sleeping on it's abdomen in it's carriage.

182 (c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

INTERVAL BETWEEN ONSET AND DEATH —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Suffocation (as above) 5/31/50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Henry M. Lankford M.D. Princess Anne Md 5/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 23 1950 — NAME OF CEMETERY OR CREMATORY John Wesley Cemetery — LOCATION (City, town, or county) Mt Vernon — (State) Md

DATE RECD BY LOCAL REG. 5/23/50 — REGISTRAR'S SIGNATURE A.H. Johnson, M.D. — 24. FUNERAL DIRECTOR Dale Dashiell — ADDRESS Princess Anne, Md.

2-0-1-17-0-23-3-40-B.5.

VS. A15A

RECEIVED
MAY 25 1950
BUREAU V. S.

05471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Perryhawkin) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Perryhawkin COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Na Princess Anne Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Arthur (Last) Pusey

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Sept 23, 1892 | 9. AGE last birthday 58 yrs. | If under 1 year Months 3 Days 5 | If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Farm hand | 10b. KIND OF BUSINESS OR INDUSTRY Chicken Raiser | 11. BIRTHPLACE (State or foreign country) Worcester County | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John W. Pusey | 14. MOTHER'S MAIDEN NAME Annie F. Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS William Pusey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pect.

420.2 94 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Condition

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1950, to 5/28, 1950, that I last saw the deceased alive on 5/28, 1950, and that death occurred at 9:40 m., from the causes and on the date stated above.

SIGNATURE T. J. Smith (Degree or title) | ADDRESS Princess Anne Rt. 1 | DATE SIGNED 5/29 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 31, 1950 | NAME OF CEMETERY OR CREMATORY Olivet Cemetery | LOCATION (City, town, or county) Na Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 5/29/50 | REGISTRAR'S SIGNATURE R. H. Johnson, M.D. | 24. FUNERAL DIRECTOR Dale Dashiell, Princess Anne, Md. | ADDRESS

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05472

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 311 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Melvin (Last) Quinn

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 2, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days 20. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Douglas Melvin

14. MOTHER'S MAIDEN NAME: Virginia Aydelotte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Egbert L. Quinn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema & hypostatic pneumonia — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. myocarditis & arteriosclerosis — 8 yrs.

(c) Chr. int. nephritis — yrs.

592X
131~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to May, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 1.42 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. B. Rankin M.d. Crisfield Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 26 1950 — NAME OF CEMETERY OR CREMATORY: St. Paul's — LOCATION (City, town, or county) (State): Marion Station Md

DATE REC'D BY LOCAL REG. 5/26/50 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Leonard L. Covington — ADDRESS

RECEIVED
MAY 27 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05473

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
LENGTH OF STAY (in this place): 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) J. (Last) Roberts

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1950

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): canning factory

10b. KIND OF BUSINESS OR INDUSTRY: Tober

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Jones

14. MOTHER'S MAIDEN NAME: Jane Leatherbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — no

16. SOCIAL SECURITY No.: 213-16-7266

17. INFORMANT AND ADDRESS: Edward Roberts Dames Quarter, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus — Interval between onset and death: 6 years

260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap 15th, 1950, to May 8th, 1950, that I last saw the deceased alive on May 5th, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elsie G. Mastroman — ADDRESS: 259 Bellford Ave Princess Anne, Md — DATE SIGNED: 5-8-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-10-1950 — NAME OF CEMETERY OR CREMATORY: Dames Quarter Cemetery — LOCATION (City, town, or county) (State): Dames Quarter, Md.

DATE REC'D BY LOCAL REG. 5/10/50 — REGISTRAR'S SIGNATURE: R.E. Johnson M.D. — 24. FUNERAL DIRECTOR ADDRESS: Lewis R. Wilson Princess Anne, Md

RECEIVED
MAY 11 1950
BUREAU U. S.

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05474

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rk 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rk 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) James (Last) Spence

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH May 15, 1950

9. AGE last birthday yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Raymond Spence

14. MOTHER'S MAIDEN NAME Hattie Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Maggie L. Smith Westover, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Baby (28 weeks)

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 12 a. m., from the causes and on the date stated above.

SIGNATURE Mrs Clayton Davis, Registrar (Degree or title) Maggie Smith (Midwife) ADDRESS Westover Md DATE SIGNED 5/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 18-1950

NAME OF CEMETERY OR CREMATORY Tinley Chapel Cemetery

LOCATION (City, town, or county) Pocomoke City Md (State) Rk 1

DATE REC'D BY LOCAL REG. May 17-1950

REGISTRAR'S SIGNATURE Mrs Clayton Davis

24. FUNERAL DIRECTOR Horace Cottman ADDRESS Pocomoke City Md Rk 1

4-0-5-15-0-42-9 (—) - 28-3 —

RECEIVED
MAY 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05475

Reg. Dist. No. 265

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 70 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) Lawsonia District

3. NAME OF DECEASED (Type or Print)	(First) SALLY	(Middle) HESTER	(Last) STERLING	4. DATE OF DEATH (Month) 5/25/1950 (Day) (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 8/22/1867	9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Whaleyville, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Caleb Wyatt		14. MOTHER'S MAIDEN NAME Narcissa Ellen Dennis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Benson W. Sterling--Crisfield, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary stenosis	1 wk -
903.0 Antecedent cause(s)	(b) Fracture of head of Femur (rt)	5 wks -
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Crisfield	(COUNTY) Somerset	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) April 20 1950 1 P.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell while moving around in yard		

22. I hereby certify that I attended the deceased from Apr. 20, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D.	Crisfield, Md	May 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 5/29/1950	NAME OF CEMETERY OR CREMATORY Private Family Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REG. 5/26/50	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05476

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 S. Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 3 S. Somerset Ave.

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) HENRY (Last) TAWES

4. DATE OF DEATH: (Month) (Day) (Year) 5/21/1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/26/1883

9. AGE last birthday: 86 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood dealer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Tawes

14. MOTHER'S MAIDEN NAME: Grace Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Isaac Tawes--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	4 days
	(c)	

332 X
330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1950, to 5/21, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 1:45 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Saml M. Payton	M.D.	Crisfield, Md	5/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/23/1950	Crisfield Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/50	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield

156 V1

RECEIVED
MAY 23 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05477

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
LENGTH OF STAY (in this place) 96 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Fredrich (Middle) James (Last) Trehearn

4. DATE OF DEATH (Month) May (Day) 9 (Year) 50

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 2, 1853
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer (owner)
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gilbert Trehearn
14. MOTHER'S MAIDEN NAME Eliza Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Clifton Simpkin Mt. Vernon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken Hip.

904.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old Age

186a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Doing-Know

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No Operation
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from 4/27, 1950, to 5/9th, 1950, that I last saw the deceased alive on 5/7, 1950 and that death occurred at 5:40 p m., from the causes and on the date stated above.

SIGNATURE G. J. Smith (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-12-1950
NAME OF CEMETERY OR CREMATORY St. John Cemetery
LOCATION (City, town, or county) (State) Mt. Vernon, Md.

DATE REC'D BY LOCAL REG. 5/12/50
REGISTRAR'S SIGNATURE L. H. Johnson, M.D.
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 15 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05478

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Etta (Last) Walters

4. DATE OF DEATH: (Month) May (Day) 31st (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10 1898

9. AGE last birthday: 51 yrs. If under 1 year: Months 10 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Deal Island Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Billie Stein

14. MOTHER'S MAIDEN NAME: Mary Parkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 216-18-2934

17. INFORMANT AND ADDRESS: Clarence Walters Deal Island Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease

932 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT None (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31/50, 19..., to 5/31/50, 19..., that I last saw the deceased alive on 5/31/31, 19..., and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Hallie C Vail (Degree or title) M.D. ADDRESS Princess Anne Maryland DATE SIGNED June 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/2/50 NAME OF CEMETERY OR CREMATORY Deal Island Cemetery LOCATION (City, town, or county) (State) Deal Island Md.

DATE REC'D BY LOCAL REG. 6-3-50 REGISTRAR'S SIGNATURE Lola T. Wheatley

24. FUNERAL DIRECTOR Dale Dashiell ADDRESS

VS. A15

RECEIVED
JUN 5 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05479

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 N. Somerset Ave.	STREET ADDRESS (If rural, give location) 8 N. Somerset Ave.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) JEFFERSON (Last) WEBB — 4. DATE OF DEATH (Month) 5/25/1950 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	married	2/18/1864	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
proprietor	Retail Meat Packer	Cokesbury, Maryland	

13. FATHER'S NAME John Webb — 14. MOTHER'S MAIDEN NAME Maryl Cottman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Mrs. T. J. Webb-- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610x Immediate cause (a) Cerebral Hemorrhage, Uremia — 24 hrs

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Diet nephritis Chronic myocarditis

(c) Cystitis Enlarged Prostate — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Arteriosclerosis

19a. DATE OF OPERATION Mod. — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1950, to 5-25, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn M.D. (Degree or title) — ADDRESS Marion Sta Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial — DATE 5/28/1950 — NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery — LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 5/27/50 — REGISTRAR'S SIGNATURE Betty Massey — 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

156 X 5

RECEIVED
JUN 3 1950
BUREAU V. S.